



Public Health

## ENVIRONMENTAL HEALTH DIVISION

### Mobile Unit / Pushcart Operating Schedule

Provide an updated operating schedule to the Durham County Health Department once a month.

Email to: [healthinspector@dconc.gov](mailto:healthinspector@dconc.gov) or Fax 919-560-7830

Date \_\_\_\_\_

Mobile Food Unit Name \_\_\_\_\_  
Vehicle License Number \_\_\_\_\_  
Operator Name \_\_\_\_\_  
Operator Email \_\_\_\_\_  
Home Address \_\_\_\_\_  
Contact phone \_\_\_\_\_  
Commissary Name \_\_\_\_\_  
Commissary Address \_\_\_\_\_

☐ I plan on operating at one location

Operating Location/Address	Approximate Times

☐ I plan on operating at multiple locations or on a route.

List all locations where you plan to operate. If operating on a fixed route or in multiple locations indicate the approximate time and dates, if applicable that you will operate at each location.

Operating Location/Address	Approximate Times

**Operator Signature:** \_\_\_\_\_

HD received date \_\_\_\_\_ Initials \_\_\_\_\_

Assigned REHS \_\_\_\_\_